

<b>CLAIMS ONLY</b>								Application Number <b>10509791</b>		Filing Date
								Applicant(s)		
								* May be used for additional claims or amendments		
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT					
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	
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Total Indep	3		3		3					
Total Depend	6		6		6					
Total Claims	9		9		9					
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